

## IMPORTANT

**Read all instructions before  
filling in this form.**

**SECTION A—IDENTIFICATION**

Name (Last, First, Middle)

Date of Birth (Month, Day, Year)

Social Security Number

**Place an "X" in the appropriate box below:**

**If you are retired, give your claim number**

|  |                    |
|--|--------------------|
|  | <b>An employee</b> |
|--|--------------------|

☐ Retired or applying for retirement

|  |   |
|--|---|
|  | Former employee eligible for retirement in the future |
|--|---|

Department or agency in which presently employed (or former department or agency)

Department or agency

Bureau

Division

Location (City, State and ZIP Code)

***I, the individual named above, designate the beneficiary or beneficiaries named below to receive any lump-sum benefit which may become payable under the Federal Employees Retirement System (FERS) after my death. I understand that this designation of beneficiary is also for any lump-sum benefit which may become payable under the Civil Service Retirement System (CSRS) after my death. I understand that this designation of beneficiary cancels any previous FERS or CSRS designation of beneficiary, and that it remains in effect until I cancel it in writing or I receive payment of my employee deductions for FERS (and CSRS, if applicable).***

*I direct, unless otherwise indicated below, that if more than one beneficiary is named, the share of any beneficiary who may predecease me or who may be disqualified for any other reason, shall be distributed equally among the stated beneficiaries, or entirely to the survivor. If none of the beneficiaries are alive and eligible to receive payment when a lump-sum payment becomes payable, this designation is void, and payment will be made according to the order of precedence set by law.*

**SECTION B—INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES (See Examples of Designations)—TYPE OR PRINT**

First name, middle initial, and last name  
of each beneficiary

**Address, including ZIP Code,  
of each beneficiary**

### Relationship

Share to be paid

Date of Designation (Month, Day, Year)

**Your Signature**

**SECTION C—WITNESSES TO SIGNATURE (A Witness is Ineligible to receive payment as a beneficiary)**

**We, the undersigned, certify that this statement was signed in our presence.**

**Signature of Witness**

Street Address

City, State and ZIP Code

**Signature of Witness**

Street Address

City, State and ZIP Code

**TYPE OR PRINT YOUR RETURN ADDRESS TO INSURE RETURN OF COPY**

### RECEIVING AGENCY CERTIFICATION

I have reviewed this designation and certify that the designated shares total 100% and that no witnesses are designated as beneficiaries.

Date Received

Signature \_\_\_\_\_

Date:

**See back of employee copy for instructions  
on where to file these forms.**  
NSN 7540-01-246-9252

**ORIGINAL**  
(Retain until employee leaves Federal  
service and then send to OPM)

SF 3102 January 1967  
U.S. Office of Personnel Management  
5 CFR 843

**3102-101**

**IMPORTANT**—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Retirement System or under the Civil Service Retirement System you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any lump sum payable at your death.

### EXAMPLES OF DESIGNATIONS

**1. How to Designate One Beneficiary** *Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary, enter "My estate" in the beneficiary column.*

| First name, middle initial, and last name of each beneficiary | Address, including ZIP Code, of each beneficiary | Relationship | Share to be paid |
|---|--|--------------|------------------|
| Mary E. Brown   | 214 Central Avenue<br>Muncie, IN 47303           | Niece        | 100%             |

**2. How to Designate More Than One Beneficiary** *Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.*

| First name, middle initial, and last name of each beneficiary | Address, including ZIP Code, of each beneficiary | Relationship | Share to be paid |
|---|--|--------------|------------------|
| Alice M. Long   | 509 Canal Street<br>Red Bank, NJ 07701           | Aunt         | 25%              |
| Joseph P. Brady   | 360 Williams Street<br>Red Bank, NJ 07701        | Nephew       | 25%              |
| Catherine L. Rowe   | 792 Broadway<br>Whiting, IN 46394                | Mother       | 50%              |

**3. How to Designate a Contingent Beneficiary**

| First name, middle initial, and last name of each beneficiary | Address, including ZIP Code, of each beneficiary | Relationship | Share to be paid |
|---|--|--------------|------------------|
| John M. Parrish, if living                                    | 810 West 180th Street<br>New York, NY 10033      | Father       | 100%             |
| Otherwise to: Susan A. Parrish                                | 810 West 180th Street<br>New York, NY 10033      | Sister       | 100%             |

**4. How to Cancel a Designation of Beneficiary and Effect Payment Under Order of Precedence (See back of duplicate)**

| First name, middle initial, and last name of each beneficiary | Address, including ZIP Code, of each beneficiary | Relationship | Share to be paid |
|---|--|--------------|------------------|
| Cancel prior designations                                     |  |              |                  |

## INSTRUCTIONS

This Designation of Beneficiary Form is used to designate who is to receive a lump-sum payment which may become payable under the Federal Employees' Retirement System (FERS). It does not affect the right of any person who is eligible for survivor annuity benefits. Do not confuse this form with designation forms used for other types of benefits:

- Standard Form 2808, *Designation of Beneficiary, Civil Service Retirement System*
- Standard Form 2823, *Designation of Beneficiary, Federal Employees' Group Life Insurance Program*
- TSP 3, *Federal Retirement Thrift Savings Plan Designation of Beneficiary Form*
- Standard Form 1152, *Designation of Beneficiary, Unpaid Compensation of Deceased Civilian Employee.*

**DO NOT FILL OUT THIS FORM UNTIL YOU HAVE READ THE INFORMATION AND INSTRUCTIONS BELOW**

### Order of Precedence

You do not need to make a designation if you are satisfied with the order of precedence that the law provides. That order of precedence follows:

1. To your widow or widower.
2. If your widow(er) is deceased, to your child or children, with the share of any deceased child distributed among the descendants of that child.
3. If none of the above, to your parents in equal shares or the entire amount to the surviving parent.
4. If none of the above, to the executor or administrator of your estate.
5. If none of the above, to your next of kin under the laws of the State in which you live at the time of your death.

Payment of a lump sum will be made to the first person or persons listed above who are alive on the day you die.

### Designating a Beneficiary

1. You can designate any person, firm, corporation, or legal entity as your beneficiary.
2. You can change your beneficiary at any time, without the knowledge or consent of a previous beneficiary, and this right cannot be waived or restricted.
3. A designation of beneficiary must be in writing, signed, and witnessed. If you are an employee, the designation must be received in your employing office prior to your death. If you are a separated employee or a retiree, the designation must be received by the Office of Personnel Management prior to your death.
4. A witness to a designation of beneficiary is ineligible to receive payment as a beneficiary.
5. The person(s) named will be considered as beneficiary (beneficiaries) for both CSRS and FERS lump-sum benefits.
6. You cannot change or cancel a designation of beneficiary in a

last will or testament unless it is signed, witnessed, and filed as described in paragraph 3.

7. A designation of beneficiary remains in effect until (1) you cancel it by filing a new designation, or (2) you receive a refund of your retirement deductions before retirement. It isn't necessary to file a new designation if the name or address of your beneficiary changes. However, it may be important to file a new designation if your situation changes.

### Completing the Designation Form

1. The examples printed on the back of the first page of this form may be helpful to you in naming a beneficiary or cancelling a prior designation of beneficiary.
2. If you designate more than one beneficiary, be sure that the shares to be paid to them add up to 100 percent.
3. Complete the form in duplicate. Type or print all entries except signatures.
4. Do not erase or alter entries.

### Where to Submit the Completed Form

**For employees:** File this form with your employing agency, even if you are retiring.

**For separated employees and retirees:** If you have left Federal employment, but are eligible for a future FERS retirement or death benefits, or if you have retired, file this form with the Office of Personnel Management, FERS, P.O. Box 200, Boyers, PA 16020.

Your designation will not be effective until the date it is received by your employing agency (or OPM if you are not employed).

The employee copy of this form will be noted and returned to you as evidence that the original has been received and filed. Please keep the duplicate in a safe place along with your other important papers.

For the employing agency: File the OPF copy on the right side of the OPF. If the employee leaves Federal service, send the most recent designation to OPM.

## PRIVACY ACT STATEMENT

Title 5, U.S. Code, authorizes solicitation of this information. Your designation of beneficiary will be used to determine who will receive a lump-sum benefit in the event of your death.

This information may be shared with national, State, local or other charitable, social security administrative or law enforcement agencies to determine and issue benefits under their programs or, in the latter case, when they are investigating a violation or potential violation of the civil or criminal law.

Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number to distinguish you and people with similar names. Furnishing your Social Security Number, as well as the other data, is voluntary, but failure to do so may result in OPM's inability to determine who is eligible to receive a lump-sum benefit in the event of your death.

**IMPORTANT**—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Retirement System or under the Civil Service Retirement System you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any lump sum payable at your death.